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9(2)(a)

RE Official information request CDHB 10318 and WCDHB 9430

I refer to your email dated 24 May 2020 requesting the following information under the Official Information Act from Canterbury DHB and West Coast DHB. Specifically:

I refer to the *“Report of a Standards Committee to the Abortion Supervisory Committee”* January 2018 (at page 39) which states:

“Standard 9.9.1

There should be clear and accessible guidelines in every DHB for referral for women for consideration of 2nd and 3rd trimester abortion.”

I also refer to the *“Interim Standards for Abortion Services in New Zealand”* of April 2020 at page 18 which makes the same statement as above.

I request pursuant to the OIA:

- 1. A copy of any guidelines of your DHB which relate to referral for women for consideration of first, second or third trimester abortions, including any guidelines operative before or after the enactment of the Abortion Legislation Act 2020. If your DHB has no such guidelines please advise.**

Canterbury DHB:

Our staff are acutely aware that for a woman making the decision whether to terminate her pregnancy it can be overwhelming and incredibly stressful, and not a decision any woman takes lightly. They deal with individual women gently, respectfully and professionally at all times and there is no pressure from anyone that the decision has to be made ‘on the spot’. Please find attached as **Appendix 1:** Canterbury DHB information that is provided to women considering an abortion. (Termination of Pregnancy - Patient Information (April 2020)).

Counselling is offered in the community and an appointment with the social worker is offered to every woman who accesses our service. Counsellors discuss all health aspects of a termination including the risk of mental health effects (including regret, guilt, depression and anxiety) with the patient when counselling with respect to deciding whether to proceed with a termination of pregnancy.

The Canterbury Health Community HealthPathways* provides information for Clinicians, General Practice and Medical Practitioners for Termination of Pregnancy. The HealthPathways website is not publicly available however

we have attached the information it contains for referral to the Gynaecology Procedure Unit for Termination of Pregnancy as **Appendix 2**.

**HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system. Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice.*

Information which is publicly available can be found on the HealthInfo website. www.healthinfo.org.nz;

West Coast DHB.

No terminations of pregnancies (abortions) are undertaken at the West Coast DHB. Women seeking this service are referred to services in Canterbury DHB and as such, West Coast DHB follows and applies the policies and documentation of Canterbury DHB

West Coast DHB does provide initial and ongoing counselling services to women from our region seeking and undergoing termination of pregnancy services. Please find attached as **Appendix 3** a copy of West Coast DHB's Termination of Pregnancy Counselling Procedure.

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB and West Coast DHB websites after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Termination of Pregnancy at the Gynaecology Procedure Unit

Patient Information – Gynaecology Procedure Unit

The Gynaecology Procedure Unit provides termination of pregnancy (abortion) services to the women of Canterbury. It is located at Christchurch Hospital.

The decision to have a termination of pregnancy is a personal choice. It can be a difficult or stressful time in a woman's life. It is important to have accurate information and support during this time, so you can make the right decision for you.

The Gynaecology Procedure Unit offers you professional support during this time, which is unbiased and non-judgmental consisting of medical, nursing care and counselling advice.

I am not sure what to do?

Pre-decision making counselling is available, to help you reach the right decision for you. You can see your GP or phone the Gynaecology Procedure Unit (03) 378 6386 to make an appointment with a counsellor.

You do not need to be referred for pre-decision making counselling.

How do I make an appointment at the Gynaecology Procedure Unit?

You can contact your GP for a referral appointment or phone the Gynaecology Procedure Unit (03) 378 6386 to make an appointment.

You will need to have a blood test and in most cases an ultrasound scan before you can come in for your appointment.

What happens at the appointment?

- You can see a counsellor, if you would like to. Counselling can provide emotional support, information and refer you to other services if needed. More counselling sessions can be provided either before or after a termination of pregnancy.
- You will see a clinic doctor, they will discuss the options for a termination of pregnancy with you and answer any questions you have.

Termination procedures available at the Gynaecology Procedure Unit

Medical termination of pregnancy

- For women who are less than nine weeks pregnant, the 'abortion pill' may be used to end the pregnancy and cause the pregnancy tissue to be passed as vaginal bleeding.
- You will need to take two different medications, on two separate days
- You will need to have a support person at home with you, after you take the second medication.
- The first medication (Mifepristone) will be given to you at the Gynaecology Procedure Unit.
- The second medication (Misoprostol) will be given to you to take at home 24-48 hours later.

- You will pass the pregnancy tissue, as vaginal bleeding. This may be painful like a severe period. You will be given a prescription for pain medications, for most women this usually takes between four and eight hours.
- If you have not passed the pregnancy tissue after 4 hours, you will then take the other misoprostol tablets you have been given.
- It is normal to have light bleeding for five to six weeks after a medical termination of pregnancy.
- After five days you will have a blood test and we recommend a follow up appointment with your GP.

Surgical termination of pregnancy

- For women who are between eight and thirteen weeks pregnant. This is a procedure using suction to remove the pregnancy tissue. The procedure is carried out at the Gynaecology Procedure Unit at Christchurch Hospital.
- You will be awake during the procedure and will have drugs for pain relief and to help you relax.
- In the operating room the doctor will dilate (open) your cervix to approximately 1 cm and use suction to remove the pregnancy tissue from the uterus. A nurse will be with you during the procedure.
- Once the procedure is finished you will need to stay and rest for about an hour.
- You will not be able to drive home, so you will need to organise transport.

What is the cost?

Termination of pregnancy is provided at no cost to NZ citizens and residents.

The cost to non-residents is approximately \$1936 This does not include scans or cost of additional treatment. For further information on costs please phone Christchurch Hospital accounts (03) 364 0092.

Can I bring a support person?

You are welcome to bring a member of your family/whānau or a friend with you for support. Please do not bring more than two support people, due to lack of space.

Please note: Children are not allowed in the Gynaecology Procedure Unit ward area and there are no childcare facilities at the Gynaecology Procedure Unit. You will need to arrange childcare on all your appointment days.

Interpreter

If you need an interpreter for your appointment, please discuss with us when you phone to make your appointment or advise your GP at your referral appointment.

Getting home

You cannot drive yourself home after a surgical termination of pregnancy, due to the medications you have had. Please make arrangements for your transport home, with a support person.

If you are unable to keep your appointment or no longer require it, we appreciate 24 hours' notice of cancellation. This gives us the opportunity to give the appointment time to someone else.

Location of the Gynaecology Procedure Unit

Riverside Block, 4th floor, Christchurch Hospital, 2 Riccarton Ave Phone (03) 378 6386

8.00 am – 4.00 pm Monday to Thursday

Termination of Pregnancy (TOP)

See also:

- Follow-up (TOP)
- Medical TOP

COVID-19 note

The Gynaecology Procedure Unit (GPU) at Christchurch Hospital remains open for Abortion Services. There are some important changes in service provision as a consequence of both COVID-19 and the law change.

- Legally patients may now self-refer. They can contact GPU directly on (03) 378-6386.
- If patient presents to general practitioner, arrange blood group, haemoglobin, serum BHCG, and dating scan (using CT code). Other routine investigations do not need to be done during COVID-19 conditions. Advise your patient when making the booking for scan that they must inform the ultrasound provider that they are having an abortion to ensure they get an appointment.
- Patients must contact GPU to arrange an appointment once they have had their blood test done.
- Patients under 9 weeks of gestation will currently only be offered a medical abortion. The patient will have only one appointment. There is a limited surgical abortion service at this time and it is only for patients 9 to 13 weeks pregnant.
- Pregnancies over 13 weeks should still be referred to GPU as we will triage for management at Christchurch Women's Hospital.
- Support persons are not permitted unless acting as a translator for a partner (telephone translators are available).
- If the patient is unable to attend because they have COVID-19 or are in isolation because of contact, they can ring GPU directly.

Red Flags

- Consider ectopic pregnancy in all women with amenorrhoea and pain or bleeding.

Background

About termination of pregnancy

About termination of pregnancy

Abortion is legal in New Zealand for women of any age provided legal criteria are met:

- Before any termination can proceed, two certifying consultants must see the patient, and agree that her request meets the New Zealand abortion law.
- All women considering an abortion must also be offered counselling.

Assessment

1. Positive pregnancy test with unwanted pregnancy.

- If the patient is undecided about termination, refer for pre-decision counselling.

Counselling

- The Gynaecology Procedure Unit provides unbiased, free counselling for patients and/or their partners.
- Pre-decision and/or post operative counselling is also available.
- Patient Information (printable PDF for decision making and termination counselling with the unit)
- If the patient has pain or bleeding consider ectopic or miscarriage.

2. Discuss if patient has any concerns about partner abuse.

3. Determine gestation by dates and/or examination.

4. Discuss available options for unwanted pregnancy, i.e. continuation, adoption, guardianship, termination of pregnancy. See patient information below for more information regarding options.

5. If the patient wishes to be referred for termination, carry out these investigations:

- First antenatal blood tests and HIV screening. The Gynaecology Procedure Unit gives all rhesus negative women anti-D immunoglobulin at the time of termination.

First antenatal blood tests and HIV screening

- Offer all women HIV screening when their first antenatal blood tests are taken.
- The request for this must be annotated separately.
- For more information, see Ministry of Health – HIV Testing in Pregnancy
- hCG if the pregnancy is < 5 weeks. Ultrasound scans < 5 weeks are unreliable at detecting intrauterine pregnancy.

hCG results

- If hCG > 2500 IU arrange scan
- If hCG < 2500 IU repeat after 1 week
- If repeat hCG > 2500 IU arrange scan

- If repeat hCG < 2500 IU consider non-viable IUP/ectopic pregnancy
- STI screen:
 - Asymptomatic

Asymptomatic

- Clinician-collected or a self-collected vulvovaginal nucleic acid amplification test (NAAT) for chlamydia and gonorrhoea.

Nucleic acid amplification (NAAT) test

- Molecular test for the detection of organism-specific DNA.
- Relatively high sensitivity and specificity, but both false positives and false negatives do occur.
- The diagnostic test platforms have not been fully validated for extragenital and non-urine specimens, but NAATs are more sensitive than culture and are recommended in these situations.
- Local laboratory NAAT testing of urine and swabs checks for chlamydia and gonorrhoea.

Vulvovaginal nucleic acid amplification test (NAAT) swab

Clinical collection

- Canterbury SCL:
 - Use the pink shank swab.
 - Rub the swab around the external urethral area 2 to 3 times.
 - Slide it about 5 cm into the vagina and rotate it around the vaginal walls for 5 to 10 seconds.
 - Insert the cotton bud end of the swab into the orange-label tube, snap the shaft off at the black line, and replace the container top tightly.
- Canterbury Health Laboratories – Use the orange-topped collection tube for all chlamydia swab testing.
- See swab guides.

Swab guides

Canterbury SCL:

- Bacterial and Viral Swab Guide
- Sexually Transmitted Infection (STI) or Genital Swab Guide

Canterbury Health Laboratories – Swab Identification Guide

Patient instructions – See Instructions for using Self-collected Pink Shank Swabs

- High vaginal swab which may be clinician-collected or self-collected.
- Anorectal NAAT swab for chlamydia and gonorrhoea if patient has anal sex.

Anorectal NAAT swab

- Canterbury Health Laboratories – Use the orange-topped collection tube for all chlamydia swab testing.
- Canterbury SCL – Use the pink shank swab and the orange-labelled tube.

Instructions for anorectal swab:

- Gently insert swab 4 cm into anal canal, rotate, and then replace the swab in the appropriate container.
- See swab guides.

Swab guides

Canterbury SCL:

- Bacterial and Viral Swab Guide
- Sexually Transmitted Infection (STI) or Genital Swab Guide

Canterbury Health Laboratories – Swab Identification Guide

- Symptomatic (e.g. unusual vaginal discharge, vaginal bleeding, pelvic pain, dysuria) – clinical examination and clinician collected swabs are required.

Symptomatic

- Vulvovaginal NAAT swab for chlamydia and gonorrhoea.

Vulvovaginal nucleic acid amplification test (NAAT) swab

Clinical collection

- Canterbury SCL:
 - Use the pink shank swab.
 - Rub the swab around the external urethral area 2 to 3 times.
 - Slide it about 5 cm into the vagina and rotate it around the vaginal walls for 5 to 10 seconds.
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- Canterbury Health Laboratories – Use the orange-topped collection tube for all chlamydia swab testing.
- See swab guides.

Swab guides

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Canterbury Health Laboratories – Swab Identification Guide

Patient instructions – See Instructions for using Self-collected Pink Shank Swabs

- High vaginal swab.
- A separate endocervical culture swab for gonorrhoea if:
 - clinical suspicion, i.e. purulent cervical discharge.
 - gonorrhoea contact (separate pharyngeal culture swab also required – see Gonorrhoea).
- Anorectal NAAT swab for chlamydia and gonorrhoea if patient has anal sex.

Anorectal NAAT swab

- Canterbury Health Laboratories – Use the orange-topped collection tube for all chlamydia swab testing.
- Canterbury SCL – Use the pink shank swab and the orange-labelled tube.

Instructions for anorectal swab:

- Gently insert swab 4 cm into anal canal, rotate, and then replace the swab in the appropriate container.
- See swab guides.

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- Cervical smear if indicated.
- MRSA swab if indicated. A bacterial swab is used to sample these sites.

Indications for MRSA testing

Patient has:

- previously tested positive for MRSA.
- a household contact who has tested positive for MRSA.
- been admitted to, or worked in, a New Zealand hospital in the last 6 months where a MRSA outbreak occurred at that time.
- been admitted to, or worked in, an overseas hospital in the last year.

6. Arrange a dating ultrasound privately using the special code CT. There is no part charge.

Management

1. If IUCD in situ, remove if strings are visible.
2. Your patient may be suitable for the following types of termination:
 - Medical termination of pregnancy (MTOP)

Medical termination of pregnancy (MTOP)

- Medical termination of pregnancy
- For terminations < 9 weeks
- Mifepristone and misoprostol (prostaglandin) are given on the same day.
- Similar to a miscarriage
- Analgesia is often required
- Bleeding afterwards is expected to settle by 5 to 6 weeks. It is likely to be more prolonged than following a surgical termination.
- Local anaesthetic surgical termination of Pregnancy (LA STOP)

LA STOP

- Surgical termination of pregnancy performed with local anaesthesia.

- Usually for terminations in the first trimester.
- Prostaglandin termination of pregnancy (PG TOP)

Prostaglandin termination of pregnancy (PG TOP)

- Refers to termination of pregnancy carried out in second trimester of pregnancy.
- Two day process as an inpatient at Christchurch Women's Hospital with mifepristone given on day 1, and misoprostol (prostaglandin) given on day 2.
- General anaesthetic surgical termination of pregnancy (GA STOP)

GA STOP

- Surgical termination of pregnancy performed under general anaesthetic.
 - Not routinely available.
 - At discretion of Gynaecology Procedure Unit/CWH medical staff.
3. Discuss the Gynaecology Procedure Unit information. If ineligible for publicly-funded healthcare, discuss the charges.
 4. If the patient is < 9 weeks pregnant, discuss suitability for medical termination of pregnancy (MTOP), and differences between early medical termination and surgical termination procedures.
 5. Discuss and/or organise post-termination contraception.

Post-termination contraception

Hormonal contraception:

- is best started at the time of termination. Discuss the risk of irregular bleeding.
- for oral contraception, provide a prescription for the patient.
- Depo-Provera will be provided by the Gynaecology Procedures Unit. The patient is no longer required to take Depo-Provera with them to the appointment.
- for Jadelle implant, supply or prescribe for the patient to take with them to the Gynaecology Procedures Unit. Jadelle implant is not provided by the Gynaecology Procedures Unit.
- if eligible for a funded Mirena, ensure the patient fills the prescription and take the device with them to the appointment.

Copper intrauterine contraception:

- can be inserted at suction termination of pregnancy (STOP).
- will be provided by the Gynaecology Procedures Unit. The patient is no longer required to take a copper IUCD with them to the appointment.

See also Contraceptive Information.

6. Ask the patient or the practice to contact the Gynaecology Procedure Unit for an appointment as below.
 - Allow at least 24 hours after the ultrasound appointment before phoning for an appointment
 - All patients will receive assessment counselling, and 1st and 2nd Certifying Consultant assessment.

Counselling

- The Gynaecology Procedure Unit provides unbiased, free counselling for patients and/or their partners.
- Pre-decision and/or post operative counselling is also available.
- Patient Information (printable PDF for decision making and termination counselling with the unit)

7. Follow up after termination of pregnancy.

Request

- Refer to the Gynaecology Procedure Unit for all elective termination of pregnancy < 20 weeks. Pregnancies > 12 weeks require urgent referral.
 - See medical termination of pregnancy for MTOP referral criteria. While patients may be able to express a preference for MTOP, the procedure may not always be suitable or available.
 - Gynaecology Procedure Unit referral process
 1. Include triage information for Gynaecology Procedure Unit assessment.
 2. Send a request via:
 - ERMS: Gynaecology > Termination of Pregnancy, or
 - Gynaecology Procedure Unit Referral Form, fax to (03) 378-6644.
 3. Ask the patient to phone for an appointment on (03) 378-6386 at least 24 hours after their ultrasound appointment. If they would prefer, the practice can do this for them.
 4. If a receptionist at the Gynaecology Procedure Unit is not available to answer, leave phone contact details and staff will return the patient's call. The unit is not able to contact patients without prior contact from the patient or without their general practice giving permission to call them.
 5. If ineligible for publicly funded healthcare, all procedures at the unit cost \$1936 (May 2019) and patients will be asked to pay the full amount prior to an appointment. For more information, see Charges for Termination of Pregnancy (Abortion) at Christchurch Hospital).

Terminations are carried out Monday to Thursday only. Remind patients that the unit is now located at Christchurch Hospital, 4th floor, Riverside Building.

- There are no private service providers for termination of pregnancy in Canterbury. See Auckland Medical Aid Centre (AMAC).

Information

For health professionals

Resources

- Abortion Services in New Zealand – Canterbury DHB Information
- Surgical or Medical Termination Patient Brochure (printable PDF)
- Decision Making and Termination Counselling Patient Information (printable PDF)

The Gynaecology Procedure Unit

- The Gynaecology Procedure Unit, Riverside Block, 4th Floor, Christchurch Public Hospital.
- Ph: (03) 378-6386
- Fax: (03) 378-6644

Office hours: 8 am to 4 pm Monday to Thursday, 8 am to 3 pm Friday.

Procedures only available: Monday to Thursday.

Note: Advise all patients that they should not drive following the procedure, so transport home will need to be arranged.

For patients



On HealthInfo

- Give your patient a HealthInfo card and encourage them to search using the keyword "abortion".
- HealthInfo – Termination of Pregnancy (Abortion)

Printable Resources

- Canterbury DHB:

- Charges for Termination of Pregnancy (Abortion) at Christchurch
- Termination of Pregnancy at the Gynaecology Procedure Unit
- Family Planning – Abortion: What You Need to Know

Patient Support Information

- Abortion Services in New Zealand Website

Search My Medicines for patient information leaflets for any medications not listed in this section.

Contact the HealthInfo team at info@healthinfo.org.nz if you have any resources that you would like us to consider for this section.

RELEASED UNDER OFFICIAL INFORMATION ACT

Termination of Pregnancy Counselling Procedure

1. Purpose

This Procedure is performed to ensure that women seeking a termination of pregnancy are provided services that are non biased, consistent and comply with the relevant laws, professional standards and ethical standards with regard to women seeking termination of pregnancy.

2. Application/Responsibilities

This procedure is to be followed by all staff who are authorised by the West Coast District Health Board to provide pregnancy-counselling services.

3. Definitions

For the purpose of this Procedure:

Client is meant to mean the individual who seeks the termination of pregnancy

Authorised Pregnancy Counsellor in this instance is taken to mean WCDHB social worker or counsellor who is authorised to provide professional assessment and support services and meets the professional requirements to do so as defined in the Standards of Practice for the Provision of Counselling handbook (Counselling Advisory Committee 1998).

Service is taken to mean pregnancy counselling

Pregnancy Termination is an abortion as defined in the Contraception, Sterilization & Abortion Act 1977

Child/Young Person is taken to mean an individual under the age of 16 years.

4. Responsibility

For the purpose of this Procedure:

All **Pregnancy Counsellors** are required to

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Health and Safety Policy and Procedures.
- ensure they act in accordance with the Crimes Act 1961 & Contraception, Sterilization & Abortion Act 1977 at all times
- only provide this service to clients if they hold full membership of ANZASW and are currently
- engaged in regular professional supervision as defined in the Standards for Practice for Provision of Counselling (Counselling Advisory Committee)

5. Resources Required

This Procedure requires:

- Pregnancy Counselling Options Manual
- Professional Supervision for the Counsellor
- Annual Education Update for Counsellors

6. Process

- 1.1 Pregnancy counsellors are to ensure they have a client referral from the woman's own medical practitioner in the first instance.

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WCDHB-SWork5, Version 4, Reviewed November 2018	Master Copy is Electronic

- 1.2 On initial engagement with the client the pregnancy counsellor must ensure a signed WCDHB Consent Form is completed by the client.
- 1.3 Pregnancy counsellors will provide accurate information regarding the nature of the pregnancy termination procedure and associated risks before any referral or counselling report is forwarded to either the certifying consultant or to the licensed institution.
- 1.4 Counselling will be provided on an as required basis to the client either pre or post termination.
- 1.5 Once the client has made a decision to terminate the pregnancy the counselling report should be signed by the client and forwarded to the licensed institution and an appointment made for the client.
- 1.6 In respect of this service Lyndhurst Hospital & Christchurch Women's Hospital are the licensed institutions.
- 1.7 In respect of first trimester pregnancy (pre 12 week gestation) were the certifying consultation does not consider the client meets the requirements for a termination procedure under the Crimes Act 1961 then no further attempts should be made to assist in organising a termination on behalf of the woman. Ongoing counselling should be offered
- 1.8 In respect of a second trimester pregnancy (12 to 20 weeks gestation) were the certifying consultant does not consider the client meets the requirements for a termination procedure under the Crimes Act 1961 then no further attempt should be made to assist in organising a termination on behalf of the woman. Ongoing counselling should be offered.
- 1.9 In respect of a second trimester pregnancy (12 to 20 weeks gestation) were Christchurch Women's Hospital will not offer to perform a termination procedure due to out of area rule or provide an appointment with a certifying consultant then the attached flowchart of appendix 1 must be followed.

7. Precautions and Considerations

This Procedure is provided as a guide to consistent decision making a does not override other relevant WCDHB Policies and Procedures.

8. References

- Adoption Act 1995
- Contraception, Sterilisation and Abortion Act 1977
- Crimes Act 1961
- Official Information Act 1982
- Privacy Act 1993
- Code of Health and Disability Services Consumers' Rights 1996
- Children, Young Persons and their Families Act 1989

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- Standards of Practice for the Provision of Counselling (Abortion Supervisory Committee 1998)
- ANZASW Social Work Code of Ethics

9. Related Documents

West Coast DHB Informed Consent Procedure

West Coast DHB Clinical Documentation Procedure

West Coast DHB Consent Forms

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